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| **Location address:** | 20 Wychall Park Grove  
                     | Kings Norton  
                     | Birmingham  
                     | West Midlands  
                     | B38 8AQ |
| **Type of service:** | Care home service without nursing |
| **Date of Publication:** | May 2012 |
| **Overview of the service:** | The home provides care for up to five people who have a learning disability and sensory impairment. The home is registered to provide the regulated activity 'accommodation for persons who require nursing or personal care.' The home does not provide nursing care. |
Our current overall judgement

SENSE The Old Coach House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 April 2012, carried out a visit on 26 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and reviewed information from stakeholders.

What people told us

People who lived at the home were not able to tell us their views due to their learning disability and communication needs. To help us to understand the experiences people had we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. We found that people who lived at the home had good interactions from care staff and that people were in a positive mood for most of our observation.

We spoke with relatives of all people who lived at the home. They all confirmed they were satisfied with the care provided. One relative told us "Excellent care at the home." They told us they felt able to raise any concerns they had directly with staff at the home.

We saw that staff were respectful to the people living in the home. Staff engaged with people to help them take part in activities. They offered them choices of what they wanted to do and people looked happy. Staff understood the importance of respecting people's choices and personal preferences. One relative told us "Staff are very aware of her needs and that she knows her own mind."

What we found about the standards we reviewed and how well SENSE The Old Coach House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
The provider was meeting this standard. People's privacy, dignity and independence were respected. People’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The provider was meeting this standard. People were cared for in a clean, hygienic environment.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people’s needs.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

**Other information**

Please see previous reports for more information about previous reviews.
What we found
for each essential standard of quality
and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
Outcome 01:
Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People who used the service were not able to tell us their views of this outcome area. We observed interactions between them and the staff to help us understand their experiences. This helped us to see that they were being involved in their care. It also helped us to see that they were being respected.

We found that people had lots of positive interaction from staff. We saw that staff were kind, respectful and unhurried. They gave support with personal care in ways that respected people's dignity and privacy. We saw that people had been supported by staff to look well groomed in their appearance.

We found that people who lived at the home did not use verbal communication as their main method of communication. We saw care staff communicating with people in a variety of ways, for example via touch or the use of objects. When people went out they took portable communication bags with them. This was in line with people's needs as recorded in their care plan. We looked at records which showed that staff had received training on working with people who had a sensory impairment and effective communication methods.

Staff understood the importance of respecting people's choices and personal
preferences. One relative told us "Staff are very aware of her needs and that she knows her own mind." We saw that the care plans were very clear in telling care workers how to support people to be involved in their care. People's preferences were also recorded. This included preferences about the gender of staff who should support people with their personal care. Care staff gave us examples of how they supported people to make choices. For example, to choose their clothes, people were given the clothes to hold so that they could feel the texture.

Each person was encouraged and supported to be as independent as possible by taking part in meaningful activities. We saw that there were guidelines in place for each activity so that care workers knew what support people needed. On the morning of our visit people went out ice skating with care staff. In the afternoon people took part in individual activities, this included a ramble and a trip out to select a DVD to hire. One relative told us "They have taught X new skills". Records showed that people were part of the local community and went to places such as pubs, cafes and the hairdressers. People had also attended events such as Caribbean and jazz evenings.:

People were not able to verbally contribute towards their care plan. To make sure people's views were taken into account their relatives were invited to attend their review meetings. One relative told us "I'm asked my opinions and included in his care."

Other evidence
Records showed that people did not have the capacity to make some important decisions about their care, for example how their medication was administered. We found that best interest meetings had been held with staff, relatives and care professionals and the outcome documented. This showed that decisions were being made in people's best interests.

Our judgement
The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People who used the service were not able to tell us their views of this outcome area. We observed interactions between them and the staff to help us understand their experiences. This involved sitting and observing the interactions between people using the service and care staff. Through the observation we were able to make assessments about the quality of the interactions and whether people receiving the care were in a positive, negative or neutral mood. We found that people who lived at the home had good interactions from care staff and that people were in a positive mood for most of our observation.

We spoke with relatives of all people who lived at the home. They all confirmed they were satisfied with the care provided. One relative told us "Excellent care at the home."

Other evidence
People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed the care and support needs of two people to find out about their experiences of the care provided. Each person had an up to date individual plan of care and support. These included the individual's assessed needs, risk assessments and a plan of care and support. Plans gave detailed information to enable care workers to meet people's needs. Regular meetings were held to review people's care, and where appropriate, people's relatives were included in their review meetings. Our observations and discussions with care staff showed that they had a good understanding of people's needs.
We found in care plans reviewed that each person had a health action plan, which covered people's health needs. Each plan was documented with health appointments and visits such as to the dentist, GP, optician, chiropodist and hospital. We found that one person at the home had a history of epilepsy. We were told by staff that this was well controlled by medication and they had not had a seizure for a long time. There was clear guidance available about how staff should respond to a seizure. We spoke with three care staff who were able to describe how they would safely respond to a seizure occurring.

The wellbeing of each person was documented in a daily diary. These recorded the person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing.

**Our judgement**
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We were not able to get people’s views directly regarding this outcome. Following our visit to the home, we spoke with five relatives of people living there. They told us they felt able to raise any concerns they had directly with staff at the home. One relative told us that they had previously raised a concern and were satisfied with how this had been dealt with.

Other evidence
People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had a policy and procedure for responding to safeguarding concerns and allegations of abuse. We saw that these were available to staff.

A whistle blowing concern was received in 2011. This included concerns about staffing arrangements, cleanliness in the home and the support needs of one person during the night. Records showed that the provider carried out a thorough investigation. The provider found that the allegations were unfounded but made some improvements as a result of their investigations. We found that as part of the investigations, all staff were invited to meet with the area manager of the service to discuss any concerns they had.

We found that all staff had received training in safeguarding people from abuse. Staff were also expected to complete a questionnaire to ensure they knew how to protect people. We spoke with three care staff during our visit. They confirmed that they had
received safeguarding training and were aware of their responsibilities in reporting any incident or allegation of abuse. We talked with care staff about what action they would take if they suspected people may be at risk from abuse. They were able to describe the action that they would take that would keep the person safe, and this was in line with local safeguarding procedures.

We found that the home looks after money on behalf of people. We found that systems were in place to check that the money was being looked after properly. We looked at the records for one person at the home. We found that receipts were available where money had been spent.

The registered manager told us that five out of the nine staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. These areas govern decision making on behalf of adults, and apply when people do not have the mental capacity at that point in their lives to make specific decisions.

**Our judgement**

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
Outcome 08: Cleanliness and infection control

What the outcome says
Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement
The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings
What people who use the service experienced and told us
We were not able to get people’s views directly regarding this outcome. Following our visit to the home, we spoke with five relatives of the people who lived there. They confirmed that the home was clean when they had visited. One relative told us "Home is always clean, spotless."

Other evidence
When we visited the home we saw that all areas of the premises were clean and we did not notice any unpleasant odours. We saw that staff had the protective clothing and equipment they needed to ensure good infection control procedures were followed, for example appropriate hand washing facilities and gloves. We found that cleaning schedules were in place and that staff had signed to say when they had been completed.

The registered manager told us that staff received training on infection control and completed questionnaires to assess their knowledge. This was confirmed by the care staff we spoke with during our visit. We found that infection control procedures had also been discussed with staff at a recent meeting.

We saw that a detailed risk assessment had recently been completed regarding infection control procedures in the home. A commode had recently been obtained for one person at the home. The provider may like to note that written procedures on how to clean it had not been completed. We asked three care workers about the arrangements for cleaning the commode. The procedure described was generally satisfactory but reference was not made to face protection where there were risks of splashes from fluids.
When we visited, the home did not have a copy of the Department of Health’s Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections. The registered manager printed a copy of this from the internet when we brought this to his attention.

**Our judgement**
The provider was meeting this standard. People were cared for in a clean, hygienic environment.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

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| **What people who use the service experienced and told us**
We were not able to get people’s views directly regarding this outcome. Following our visit to the home, we spoke with five relatives of the people who lived there. They told us there were always enough staff on duty when they visited the home.

**Other evidence**
During our visit we saw there were enough care staff to meet the needs of people in the home. Staff who were working with people were fully aware of their needs. The care staff we spoke with had all worked at the home for some time and so knew people well.

We were told that in the last two months there had been some use of agency and Sense bank staff to cover staffing shortfalls. We looked at the staff rota’s and found that the use of agency staff had not been excessive. Care staff told us that the use of agency staff had not had a negative impact on people. One care staff told us “We have used agency staff but they are regular so they know people, would be two Sense staff with one agency staff.” We found that the provider was taking action to recruit more staff. The registered manager told us that the home had two staff vacancies and that interviews for potential new staff were scheduled to take place in May.

The registered manager told us that before agency staff worked at the home information was sought about their previous experience and training. Confirmation was also sought that a Criminal Records Bureau check had been completed. We asked about the arrangements for induction of agency staff. The provider may like to note that we were informed that formal inductions used to be completed with agency staff but
had not been completed for recent agency staff used. We were told that they would receive an informal induction to the home.

We spoke with care staff about the arrangements in place for their training and support. Care staff told us they were satisfied with the arrangements in place. One care staff told us "Training is good, I get all the refreshers needed and I have supervision every month."

**Our judgement**

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We were not able to get people’s views directly regarding this outcome. Following our visit to the home, we spoke with five relatives of people who lived there. They told us that their views of the home and the care provided were sought at people's review meetings.

Other evidence
We found that a senior manager visited the home monthly and completed sample audits of areas such as the environment, medication and care planning.

We were told that full audits were undertaken by the Sense quality assurance team every two years. A full quality audit of the home was last completed in 2010. Various methods had been used to assess quality to include looking at records and observation of staff practice. Where improvements had been identified as needed action plans had been completed to address the issues identified. The provider may like to note that people's relatives had not been approached to seek their views on the quality of the service as part of the audit.

We looked at the home's complaints and comments logs. We found that there had been few complaints and these had been acted upon.

We found that systems were in place to monitor accidents and incidents in the home. This included completion of data on a monthly basis. This was forwarded to a data manager who used the information to create statistics and to help identify any patterns
or trends.

Systems were in place to make sure the home was a safe place to live. Records showed that electrical equipment was regularly checked to ensure it was safe to use. We found that the gas safety certificate had expired a few days prior to our visit. Action was taken by the provider as engineers arrived during our visit to check the gas appliances to make sure they were safe.

Water temperatures were tested regularly by the staff to ensure they were not too hot for people. The fire system was tested weekly and a risk assessment of the fire precautions in the home had been completed.

Staff we spoke with confirmed that the service was well managed and that they were freely able to raise any concerns or ideas regarding the development of the service.

**Our judgement**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
## Information for the reader

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